

P97000013538

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: WATERLIEF INDUSTRIES, INC.

(Proposed corporate name - must include suffix)

900002083309--2  
-02/11/97--01038--020  
\*\*\*\*122.50 \*\*\*\*122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: COLIN CAVE  
Name (Printed or typed)

621 CARRINGTON LANE  
Address

WESTON FLORIDA 33326  
City, State & Zip

954-385-0009  
Daytime Telephone number

FILED  
97 FEB 10 PM 4:06  
STATE  
TALLAHASSEE, FLORIDA

FEB 11 1997

BSB

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

**FILED**

97 FEB 10 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

**WATERLIEF INDUSTRIES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**621 CARRINGTON LANE  
WESTON FLORIDA 33326**

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**100**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**COLIN CAVE  
621 CARRINGTON LANE  
WESTON FLORIDA 33326**

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**COLIN CAVE 621 CARRINGTON LANE  
WESTON FLORIDA 33326**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3 day of FEBRUARY, 19 97.

(An additional article must be added if an effective date is requested.)

Colin Cave, PRESIDENT - DIRECTOR  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

FILED

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

97 FEB 10 PM 4:06  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is WATERLIEF MANAGEMENT, INC.

2. The name and address of the registered agent and office is:

COLIN CAVE  
(NAME)

621 CARRINGTON LANE  
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

WESTON FLORIDA 33326  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Colin Cave  
(SIGNATURE)

2 February 1997  
(DATE)